

Dear Tak,

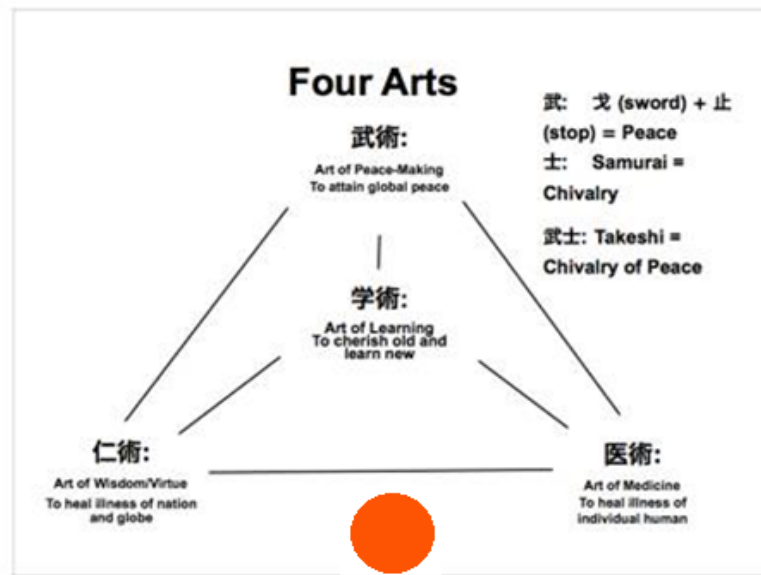
Thank you so much for your expeditious response.

The contacts you sent me are extremely useful.

I am very happy because my vision, “ Forming global alliances to control and prevent deaths, reduce suffering caused by neglected disease indeed amongst neglected people” is getting on track .

This vision is in line with the passage from the first mails you sent me in the opening phase of our getting to know each other well. Those mails touched my heart so much because my search for authentic and empathic personality, working in the interest of mankind was fulfilled.

All of this is consistent with what you impressed on me in the first mails you sent which I modified a bit in the diagram below !



**As you see in this diagram, I took my life for the  
“Art.of.Wisdom/Virtue”for healing illness of nation  
and globe, as to be in line with my name given by  
my father .**

After the phone talk we had on Saturday, 2.2.2013, I am now full of hope, that I can now go over the hurdles and blocks caused by self-interest and corrupt groups particularly in Nigeria.

Immediately after the April 18, 2013 ECOWAS linked Video-Conferencing , I intend to make following next steps;

- a) Visit with UN Secretary of State
- b) Visit with JICA
- c) Visit with World Bank New President who has strategic approach against corruption also in Nigeria
- d) Visit with President of Liberia, Ellen Shirley Johnson, requesting her to include Liberia as access point in GUS broadband network in ECOWAS region

- Some thoughts:

I wonder if it will be possible to expand the global reach of the proposed April 18 Video-Conferencing event. We could request viewers from the UN, from Obama's Broadband Technology Opportunity Program/ The new State Department Development focused division and Prof. Ali Al Mashat, FIEE, C. ENG. Former Ambassador to UNESCO from Iraq

Keep in touch  
Regards, Edwin

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## **PROJECTS FROM LESSONS BELOW:**

- 1. Maternal/ Child handbook, Multimedia- format on cellphone, Video Conf For Nigeria mothers Co delivered via Low-Cost Lifesafer GUS LINE in Nigeria.  
( Collaborative program with Presidency,( Sarah Jubril done in all 744 LGs, withsupport from Yuguda in the North, Balla in FCT, other Governos, Oshomole in Edo , Bayelsa, Kaduna etc )**
- 2. Extending Japan “rural Health Services To Nigeria via LIFESAFER- Help Point Multinational Partnership ( JAPAN, USA< GERMANY )**

### 3. Malaria Elimination ( Special format of the Japan Mothers – Child Handbook on Smartphone for Malaria in Pregnancy for ALMA & ECOWAS )

NRN

<http://www.wunrn.com>

[http://www.nytimes.com/2007/04/08/world/asia/08japan.html?\\_r=3&oref=slogin&oref=slogin&oref=slogin](http://www.nytimes.com/2007/04/08/world/asia/08japan.html?_r=3&oref=slogin&oref=slogin&oref=slogin)

**The New York Times**

April 8, 2007

## **In Japan's Rural Areas, Remote Obstetrics Fills the Gap**

By [NORIMITSU ONISHI](#)

TONO, [Japan](#) — Since losing its last obstetrician five years ago, this city of nearly 32,000 in rural northern Japan has been desperately seeking a replacement. So desperately, in fact, that it recently promised a horse to any obstetrician willing to come here.

There have been no takers yet. In the meantime, the city has adopted a high-tech measure that may portend the future of child delivery in Japan: pregnant women are examined remotely by obstetricians using real-time data transmitted to the doctors' cellphones. When the doctors judge that a patient is about to go into labor, the woman heads to the nearest city with a maternity ward — usually Kamaishi, a 40-minute drive east of here, reached by a winding, mountainous, two-lane road that can be treacherous in the winter.

Japan, with a rapidly aging population and a declining birth rate, is grappling with a severe shortage of working obstetricians and places for them to work. With a dearth of babies, hundreds of hospitals and clinics in Japan have shuttered their maternity wards since the beginning of the decade, turning their attention to potentially more lucrative elderly care.

Since 2000, the number of obstetricians in Japan has declined by more than 5 percent to 11,282 in 2004, the most recent year for which figures are available, according to the government. But that figure masks the severity of the shortage, experts say. The number of doctors actually delivering babies was fewer than 8,000 in 2005, according to an estimate by the [Japan Society](#) of Obstetrics and Gynecology.

Roughly half of all obstetricians are 50 or older, and overworked; many have given up delivering babies and are focusing only on gynecology. At the same time, the number of medical students choosing obstetrics as their specialty has plummeted since 2004. Turned off by long hours, average pay and a rising risk of malpractice lawsuits in obstetrics, young doctors are gravitating instead toward specialties like dermatology and ophthalmology.

“Young doctors nowadays won’t work just out of a sense of vocation,” said Dr. Kiyoo Tanabe, director of the Japan Association of Obstetricians and Gynecologists. “You have to give them quality of life, a good income and their private time.”

What is more, women make up a majority of obstetricians in their 20s and early 30s. Many retire when they themselves have children, Dr. Tanabe said, because the medical field remains unfriendly to working mothers.

The crisis, he said, “began in rural Japan and reached the major cities in the last year.”

Even in Tokyo, maternity wards are being closed or consolidated, creating a sense of anxiety among pregnant women who are warned to make an appointment for delivery as soon as they learn their due date.

“I was told that places where you can give birth are limited and that everybody is flocking to them,” said Eri Miyasato, 35, who is eight months pregnant and lives in a suburb of Tokyo. “You have to make an appointment for the delivery, and a lot of people are having trouble finding a place.”

Things have changed since the birth of her first child two and a half years ago. “Back then,” she said, “it was all right.”

But the hinterland has been hardest hit as maternity wards have closed one after another. The shortage is so severe that those obstetricians who still practice have few days off. In emergencies, women have been transported by helicopter to maternity wards with available beds. And some women who live far from a maternity ward, as their due dates approach, move to hotels near the hospitals where they are scheduled to give birth.

Tono, once a prosperous trading post known for its horse breeding, is an agricultural municipality that sprawls across a valley and is mostly forestland. As is the case in much of rural Japan, one-third of its residents are over 65.

Each year, 210 to 230 women have children here, said Eisai Kikuchi, a city health official. Since the prefectural hospital here closed its maternity ward in 2002, pregnant women have had no choice but to make the long drive to Kamaishi, or another city with a maternity ward, to give birth.

For Yukie Kikuchi, 38, the city's sole practicing midwife, that has created worries. A year ago, during a snowstorm, one of Ms. Kikuchi's patients wondered whether she was going into labor and asked the midwife whether she should go to Morioka, a city more than an hour away.

"But there was a blizzard, you could hardly see, and I was torn whether she should go in this circumstance," said Ms. Kikuchi, who is not related to the city health official. Eventually, she advised her patient to stay put and was relieved to learn the next morning that it had been a case of false labor.

Ms. Kikuchi said she was pleased and relieved now that obstetricians could remotely examine pregnant women here.

Using the system, Ms. Kikuchi visits patients at their homes or receives them at a clinic in Tono to follow up on their pregnancies. During the examination, a machine hooked to the patient's stomach records the baby's heartbeat and sends the information over a cellular network to Ms. Kikuchi's cellphone and the cellphone of Dr. Toshihiro Ogasawara at Kamaishi Hospital.

Ms. Kikuchi then inputs the patient's blood pressure, weight and other information on a laptop computer so that the medical record is instantly available to Dr. Ogasawara over the Internet. Using Internet telephony software, the doctor, patient and midwife can talk and see one another on the laptop.

With this system, Dr. Ogasawara can determine whether a patient is in labor. Before, to be on the safe side, a patient would make the 40-minute drive to Kamaishi.

"After a gynecological examination, I'd tell them, 'Not yet,' and they'd have to spend another 40 minutes driving back in the middle of the night," Dr. Ogasawara said. "Now I can talk to the midwife, and if it's premature, the expectant mother will feel relieved."

"It's not only Tono, but many other places have the same problem," Dr. Ogasawara said in an interview in his office, as he sat at his desk in front of his computer monitor, Webcam and free-standing microphone.

Besides Tono, three other cities adopted the system last fall, said Mr. Kikuchi, the health official. After a three-year evaluation to work out any potential problems, the system is expected to spread elsewhere.

In Tono, 14 women have given birth using the system, and five are currently using it during their pregnancies. “When I was told that there was no place here to give birth, I was, like, ‘What?’ ” said Azusa Furudate, 27, who was undergoing a remote examination 10 days before her due date. “I think this is convenient,” she said of the new system, “though it’s my first time, and I’m not sure what to expect.”

Chieko Asanuma, 28, who delivered her second child five months ago, said she was a little anxious about the new system at first. But as Ms. Kikuchi began visiting her at home and Dr. Ogasawara advised her from Kamaishi, Ms. Asanuma said she found herself preferring the system to going regularly to the hospital, as she had done before giving birth to her daughter, now 5.

“When I’d go to the hospital, I’d have to wait a long time just to briefly see the doctor,” Ms. Asanuma said. “So that only made this better.”

Still, as with any new technology, there are glitches.

As Ms. Kikuchi examined Ms. Furudate on a recent morning at the clinic here, she found her to be a little anemic and recommended eating more seaweed and shellfish.

The machine hooked to Ms. Furudate’s stomach was smoothly sending data to Dr. Ogasawara’s cellphone.

Although a long, blue Internet cable was connected to Ms. Kikuchi’s laptop, the link was down — the first time that had happened since the new system was put in place last fall. So Ms. Furudate spoke to the doctor over the cellphone, instead of seeing his face on the laptop

Then Ms. Kikuchi got on the cellphone to relay information that the doctor normally would have accessed over the Internet. But the phone’s signal was weak, and the doctor’s voice was unclear.

“Yes, yes,” Ms. Kikuchi said, seconds before the call was dropped. “The signal’s bad. So she should go next week? Moshi-moshi?”

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To leave the list, send your request by email to: [wunrn\\_listserve-request@lists.wunrn.com](mailto:wunrn_listserve-request@lists.wunrn.com). Thank you.

## **DR. TAKs letters and readiness**

<<June 26, 2009>>-B

Archived distributions can be retrieved at;

<<http://preview.tinyurl.com/35zedj>>

This archive includes a html version of this list distribution and its MS/WORD version with its filename as "month-date-year.doc." You can also access all of its attachments, if any.

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Professor Seth G. Neugroschl <[SN23@cunxf.cc.columbia.edu](mailto:SN23@cunxf.cc.columbia.edu)>



**Dear Ed:**

(1) Many thanks for your msg (**ATTACHMENT I**).

It has certainly been sometime since our last correspondences.

(2) I am very delighted to know that you have been conducting an e-healthcare project in Rwanda successfully. My wholehearted congratulations to the citation of your project in the prestigious IEEE magazine.

**Enhancing Rural Healthcare in Rwanda through Clinical Decision Support**

<http://tinyurl.com/lzf8g8>

(3) With an endorsement letter from Rwanda government, you may approach for a fund to the Japan International Cooperation Agency (JICA) through the Japan Embassy there.

I think that the President of Rwanda was the President of the Africa Union last year, and attended;

**The Fourth Tokyo International Conference on African Development (TICAD IV) in  
Yokohama**

28-30 May, 2008

<<http://www.mofa.go.jp/region/Africa/ticad/ticad4/index.html>>

At this conference, the Japanese government pledged US\$4 billion to construct superhighway to connect various Sub Sahara African countries — the Japanese government recently added another US\$ 0.5 billion for African countries.

(4) BTW, you must have receiving my list distributions about our Globally Collaborative Environmental Peace Gaming (GCEPG) project.

Should you be interested in it, pls let me know. This project is under the auspices of Polytechnic Institute of NYU, which president is Dr. Jerry Hultin, former president of your Stevens Institute of Technology and your good friend. Because of his background with many WAR gaming experiences as the Undersecretary of Navy (appointed by his Yale Law School classmate, former President Bill Clinton) before your Stevens, he is keenly interested how our PEACE gaming would be developed.

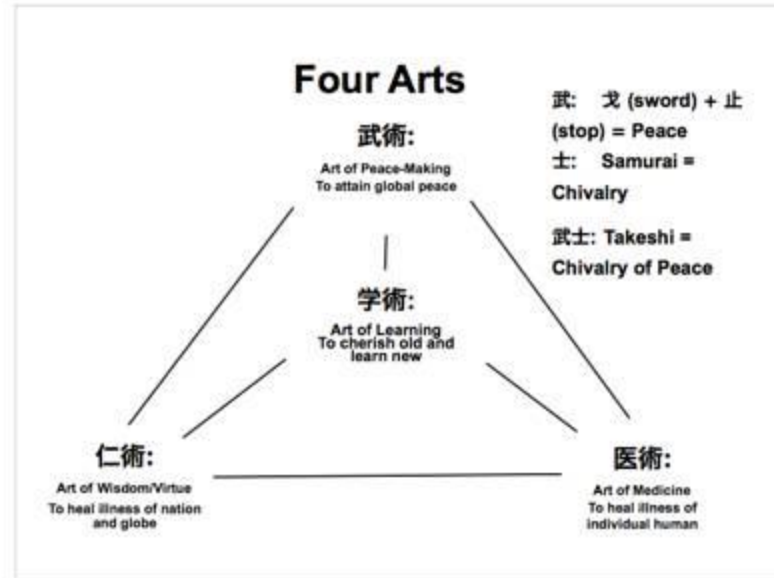
(5) My father was obstetrician and wanted me to inherit his large hospital. I refused it as saying that I could not stand dealing with BLOOD!! So, I am still sorry for him and interested in helping e-health — hopefully with the use of broadband wireless Internet in remote/rural areas — an example is the use of ultrasound for prevention of maternity and infant mortality — see;

**“In Japan’s Rural Areas, Remote Obstetrics Fills the Gap”**

The New York Times, Norimitsu Onishi, April 8, 2007

<[http://www.nytimes.com/2007/04/08/world/asia/08japan.html?\\_r=1&scp=1&sq=%22In%20Japan's%20Rural%20Areas,%20Remote%20Obstetrics%20Fills%20the%20Gap%22&st=cse&oref=slogin](http://www.nytimes.com/2007/04/08/world/asia/08japan.html?_r=1&scp=1&sq=%22In%20Japan's%20Rural%20Areas,%20Remote%20Obstetrics%20Fills%20the%20Gap%22&st=cse&oref=slogin)>

<<http://tinyurl.com/5mjgbh>>



<<http://tinyurl.com/onnl2p>>

As you see in this diagram, I took my life for the "Art of Wisdom/Virtue" for healing illness of nation and globe, as to be in line with my name given by my father.

(6) Seth told me a few weeks ago over phone that his hip operation was successful, and expects to resume his Columbia University monthly seminar "Computer, Man and Society" from the fall semester when the faculty club building will be re-open after the year-long renovation.

Keep in touch.

Best, Tak

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## **ATTACHMENT I**

From: "Edward A. Friedman" <[Edward.Friedman@stevens.edu](mailto:Edward.Friedman@stevens.edu)>  
Date: Tue, 23 Jun 2009 07:59:22 -0400  
To: Tak Utsumi <[utsumi@columbia.edu](mailto:utsumi@columbia.edu)>  
Cc: Edward Friedman <[Edward.Friedman@stevens.edu](mailto:Edward.Friedman@stevens.edu)>  
Subject: Project News in IEEE Technology and Society Magazine

Dear Tak,

It has been some time since we have been in touch.

I have been concentrating my activities on computer use in decision support for rural clinics in Sub Saharan Africa. Basically, there is a system that has been in use in India for more than eight years that is of proven efficacy. Such a system is desperately needed in Africa. I am currently seeking funds for a project in Rwanda with the endorsement of the Government of Rwanda.

I submitted a research paper on computer-assisted diagnosis of patients at rural clinics in Sub Saharan Africa, to the peer reviewed IEEE Technology and Society Magazine that will appear in the Fall 2009 issue.

In the course of processing that paper, the editors and publishers of the journal found our application of the ideas expressed in the research article compelling. On their own initiative, they incorporated news about the Rwanda rural health care project in the Summer issue of the journal. The cover of that issue and the page with News is attached.

With more than 375,000 members in 160 countries, IEEE is the world's largest professional association for the advancement of technology. It is a particular locus for leaders in the fields of computer science, information technology and communications technologies. The Technology and Society Magazine focusses on the impact of these IEEE technologies on society. I am delighted to have this endorsement.

I was quite touched by this unexpected and very thoughtful action. i am pleased to share this development with you.

I have not heard from Seth in more than a year. What do you know of his health?

With best regards,

Ed

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*****  
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